

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL CLAIMS | 4 | ████████ | ████████ | ████████ | ████████ | ████████ |

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| TOTAL IND. | 1 | | | | | | | | | | | |
| TOTAL DEP. | 3 | ← | ← | ← | | | | | | | | |
| TOTAL CLAIMS | 4 | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ | ████████ |